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<small>0010/PTO Rev. 6/95</small> <div style="text-align: center;">DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</div> <div><input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing</div>	<div style="text-align: center;"><small>U.S. Department of Commerce Patent and Trademark Office</small></div> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%;">Attorney Docket Number</td><td style="width: 50%;">C 2666 PCT/US</td></tr><tr><td>First Named Inventor</td><td>Wanderson BUENO DE ALMEIDA</td></tr><tr><td colspan="2" style="text-align: center;">COMPLETE IF KNOWN</td></tr><tr><td>Application Number</td><td>10/536,544</td></tr><tr><td>Filing Date</td><td>June 1, 2006</td></tr><tr><td>Group Art Unit</td><td></td></tr><tr><td>Examiner Name</td><td></td></tr></table>	Attorney Docket Number	C 2666 PCT/US	First Named Inventor	Wanderson BUENO DE ALMEIDA	COMPLETE IF KNOWN		Application Number	10/536,544	Filing Date	June 1, 2006	Group Art Unit		Examiner Name																	
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<p>As a below named inventor, I hereby declare that: My residence, post office address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:</p> <div style="border: 1px solid black; padding: 5px; text-align: center;">PLASTICIZER COMPOSITIONS FOR NITROCELLULOSE BASED RESINS</div> <p style="text-align: center;"><small>(Title of the Invention)</small></p> <p>the specification of which <input type="checkbox"/> is attached hereto OR <input checked="" type="checkbox"/> was filed on (MM/DD/YYYY) <u>12/06/2002</u> as United States Application Number or PCT International Application Number <u>PCT/BR2002/000176</u> and was amended on (MM/DD/YYYY) <u> </u> (if applicable).</p> <p>I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.</p> <p>I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.</p>																															
<p>I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.</p> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th rowspan="2">Prior Foreign Application Number(s)</th><th rowspan="2">Country</th><th rowspan="2">Foreign Filing Date (MM/DD/YYYY)</th><th>Priority</th><th colspan="2">Certified Copy Attached?</th></tr><tr><th>Not Claimed</th><th>YES</th><th>NO</th></tr></thead><tbody><tr><td rowspan="6"></td><td rowspan="6"></td><td rowspan="6"></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr></tbody></table>		Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority	Certified Copy Attached?		Not Claimed	YES	NO				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<p>I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.</p> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Application Number(s)</th><th>Filing Date (MM/DD/YYYY)</th><th></th></tr></thead><tbody><tr><td></td><td></td><td><div style="text-align: center;"><input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.</div></td></tr></tbody></table>		Application Number(s)	Filing Date (MM/DD/YYYY)				<div style="text-align: center;"><input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.</div>																								
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Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION**Page 2**

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365© of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
	PCT/BR2002/000176	12/06/2002	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

<input checked="" type="checkbox"/> Firm Name	23657	Customer Number	or label	
OR				

☐ List Attorney(s) and/or agent(s) name and registration number below:

Name	Registration Number	Name	Registration Number

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to:	<input checked="" type="checkbox"/> Customer Number	or label	23657	OR	<input type="checkbox"/> Fill in correspondence address below
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Name					
Address					
Address					
City		State		Zip	
Country		Telephone		Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
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Given Name	Wanderson	Middle Initial		Family Name	BUENO DE ALMEIDA	Suffix e.g. Jr.	
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Inventor's Signature	<i>Wanderson</i>	Date	05/06/06
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Residence: City	São José dos Campos	State		Country	Brazil	Citizenship	Brazilian
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Post Office Address	
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City	CEP-12216-590 São José dos Campos SP	State		Zip		Country	Brazil	Applicant Authority	
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☒ Additional inventors are being named on supplemental sheet(s) attached hereto

Type a plus sign (+) inside this box ☐

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DECLARATION					ADDITIONAL INVENTOR(S) Supplemental Sheet				
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	Katia	Middle Initial		Family Name	BRAGA	Suffix e.g. Jr.			
Inventor's Signature					Date	10/05/2008			
Residence: City	São José dos Campos	State		Country	Brazil	Citizenship	Brazilian		
Post Office Address	Rua Guido Zecca, 38, Esplanada do Sol								
Post Office Address									
City	CEP-12244-680 São José dos Campos, SP	State		Zip		Country	Brazil	Applicant Authority	
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	Henrique Jorge	Middle Initial		Family Name	SOUSA SALES	Suffix e.g. Jr.			
Inventor's Signature					Date	10/05/106			
Residence: City	São José dos Campos	State		Country	Brazil	Citizenship	Brazilian		
Post Office Address	Avenida Dr. João Batista de Quelroz Jr., 2361, Apto. 74, Jardim das Indústrias								
Post Office Address									
City	CEP-12240-000 São José dos Campos, SP	State		Zip		Country	Brazil	Applicant Authority	
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name		Middle Initial		Family Name		Suffix e.g. Jr.			
Inventor's Signature					Date				
Residence: City		State		Country		Citizenship			
Post Office Address									
Post Office Address									
City		State		Zip		Country		Applicant Authority	
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
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Inventor's Signature					Date				
Residence: City		State		Country		Citizenship			
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